Application or Docket Number

	PATENT A	APPLICATIO Effect	<b>N FEE D</b> Eive Janua	RD			00	חווש	nud			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			/2					RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	375.00	OB	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/ス _ minus 20=		* 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 _ minus 3 =		* /2		-	X42=			X84=	
	<del></del>	DENT CLAIM PI					}-	A42=		OR	A04=	
							L	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	3750	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	(Column 1) (Column 2) (Column 3)							TOTAL			TOTAL	
								DIT. FEE		Un	addit. Fee	
_		CLAIMS		HIGH		(Column 3)	1 -		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=	]   :	X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		<u>                                     </u>		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		J   -	+140=		OR	+280=	:
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		_		· · · ·								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		≈	]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE										OB.	TOTAL	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.